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Patent
Attorney Docket: 158264-0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Jeffrey A. Hubbell, et al.

Serial No.: 09/910,663

Filed: July 19, 2001

For: GELS FOR ENCAPSULATION OF
BIOLOGICAL MATERIALS

)
) **Group Art Unit: 1714**
)

) **Examiner: Szekely, Peter A.**
)

) **Office Action Mailed:**
)

) **November 6, 2002**
)
)
)

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AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment & Response, Power of Attorney and Revocation of Previous Powers, and Change of Correspondence Address for the above-identified application.

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(4)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$410.00
3 months	<input type="checkbox"/> \$465.00	<input checked="" type="checkbox"/> \$930.00
4 months	<input type="checkbox"/> \$725.00	<input type="checkbox"/> \$1,450.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this document (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C., 20231.

Date: May 6, 2003

Sent by: Carol A. Schneider

Signature: Carol A. Schneider

- ☐ Extension fee due with this Request ____.
- ☐ **NO ADDITIONAL EXTENSION FEE IS REQUIRED.**

FEES FOR CLAIMS:

- ☐ Applicant claims small entity status under 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	-	=	0	x	\$18.00	\$0.00
Independent Claims	-	=	0	x	\$84.00	\$0.00
Multiple Dependent Claims	\$280	(if applicable)			<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS						\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.						\$0.00
If applicable, Verified Statement must be attached.						<input checked="" type="checkbox"/> \$0.00
TOTAL FEES FOR CLAIMS SUBMITTED HERewith						\$0.00

- ☒ A check in the amount of **\$930.00** is enclosed to cover the above fee(s).
- ☐ Charge Deposit Account No. **09-0946** in the amount of ____.
- ☒ The Commissioner is authorized to charge Counsel's Deposit Account No. **09-0946** for any fees required under 37 CFR §§ 1.16, 1.17 and 1.445 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **09-0946**.

Respectfully submitted,

IRELL & MANELLA LLP

By: Carol A. Schneider
Carol A. Schneider
Reg. No. 34,923

Dated: May 6, 2003

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Customer Number 29000

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